

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 1 PAGES
1. REQUEST NO.	2. DATE ISSUED 12/05/2017	3. REQUISITION/PURCHASE REQUEST NO. EQWPMABF-18-0003-AM0002	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY GSA/NCR/WHSC, 701 D St. SW, Washington, D.C. 20407			6. DELIVER BY (Date)	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Jonathan Hirsch		TELEPHONE NUMBER AREA CODE 202 NUMBER 205-1876 or 604-8506		9. DESTINATION
8. TO:		a. NAME OF CONSIGNEE		
a. NAME (b) (6)		b. COMPANY Inspection Experts, Inc.		b. STREET ADDRESS
c. STREET ADDRESS 9250 Rumsey Road, Suite 106		c. CITY		
d. CITY Columbia	e. STATE MD	f. ZIP CODE 21045	d. STATE	e. ZIP CODE
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 12/19/2017		IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.		

11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
001	Safety, Environment Management Survey (SEM) Submit an itemized breakdown of cost Use Accompanying Pricing Sheet See Accompanying Scope of Work (SOW) for details of requirement				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	PERCENTAGE

NOTE: Additional provisions and representations ☐ are ☐ are not attached

13. NAME AND ADDRESS OF QUOTER		14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER Inspection Experts, Inc		(b) (6)	12/19/2017
b. STREET ADDRESS 9250 Rumsey Rd suite 106			
c. COUNTY Howard		15. SIGNER	
d. CITY Columbia		a. NAME (Type or print) Shanthi Dabare	b. TELEPHONE
e. STATE MD		c. TITLE (Type or print) President	AREA CODE 410
f. ZIP CODE 21045			NUMBER 410-715-3939